

<i>SERFF Tracking Number:</i>	<i>TRGR-125918457</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Republic Underwriters Insurance Company</i>	<i>State Tracking Number:</i>	<i>#7794631 \$25</i>
<i>Company Tracking Number:</i>	<i>08-254</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>RoadMaster Personal Automobile Program</i>		
<i>Project Name/Number:</i>	<i>Clarification of Advanced Quote Discount/08-254</i>		

Filing at a Glance

Company: Republic Underwriters Insurance Company

Product Name: RoadMaster Personal SERFF Tr Num: TRGR-125918457 State: Arkansas

Automobile Program

TOI: 19.0 Personal Auto

SERFF Status: Closed

State Tr Num: #7794631 \$25

Sub-TOI: 19.0001 Private Passenger Auto
(PPA)

Co Tr Num: 08-254

State Status: Fees verified and
received

Filing Type: Rule

Co Status: Submitted

Reviewer(s): Alexa Grissom, Betty
Montesi

Author: William Bradford

Disposition Date: 12/09/2008

Date Submitted: 11/26/2008

Disposition Status: Filed

Effective Date Requested (New): 12/31/2008

Effective Date (New):

Effective Date Requested (Renewal): 12/31/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Clarification of Advanced Quote Discount

Status of Filing in Domicile: Pending

Project Number: 08-254

Domicile Status Comments:

Reference Organization: N/A

Reference Number: N/A

Reference Title: N/A

Advisory Org. Circular: N/A

Filing Status Changed: 12/09/2008

State Status Changed: 12/09/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We have added section (3) to Rule 4.17.c. to clarify that the Advanced Quote Discount continues to apply at renewal.

This also repaginated several other pages in the manual.

Company and Contact

Filing Contact Information

SERFF Tracking Number: *TRGR-125918457* *State:* *Arkansas*
Filing Company: *Republic Underwriters Insurance Company* *State Tracking Number:* *#7794631 \$25*
Company Tracking Number: *08-254*
TOI: *19.0 Personal Auto* *Sub-TOI:* *19.0001 Private Passenger Auto (PPA)*
Product Name: *RoadMaster Personal Automobile Program*
Project Name/Number: *Clarification of Advanced Quote Discount/08-254*

William Bradford, Senior Products Filing bill.bradford@republicgroup.com
Specialist
5525 LBJ Freeway (972) 788-6617 [Phone]
Dallas, TX 75240 (972) 788-6022[FAX]

Filing Company Information

Republic Underwriters Insurance Company	CoCode: 24538	State of Domicile: Texas
5525 LBJ Freeway	Group Code: 3489	Company Type:
Dallas, TX 75240-6241	Group Name: The Republic Group	State ID Number:
(972) 788-6001 ext. [Phone]	FEIN Number: 75-1221537	

<i>SERFF Tracking Number:</i>	<i>TRGR-125918457</i>	<i>State:</i>	<i>Arkansas</i>
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	1 company X \$25 for 1 rule filing
Per Company:	No

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	12/09/2008	12/09/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Alexa Grissom	12/04/2008	12/04/2008	William Bradford	12/04/2008	12/04/2008
Industry						
Response						

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Check Information	Note To Reviewer	William Bradford	11/26/2008	11/26/2008

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Product Name: *RoadMaster Personal Automobile Program*
Project Name/Number: *Clarification of Advanced Quote Discount/08-254*

Disposition

Disposition Date: 12/09/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TRGR-125918457 State: Arkansas

Filing Company: Republic Underwriters Insurance Company State Tracking Number: #7794631 \$25

Company Tracking Number: 08-254

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: RoadMaster Personal Automobile Program

Project Name/Number: Clarification of Advanced Quote Discount/08-254

Item Type	Item Name	Item Status	Public Access
Supporting Document	A-1 Private Passenger Auto Abstract	Filed	Yes
Supporting Document	APCS-Auto Premium Comparison Survey	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Rate	Advanced Quote Discount	Filed	Yes
Rate	Repaginated Pages	Filed	Yes

SERFF Tracking Number: TRGR-125918457 State: Arkansas
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Product Name: RoadMaster Personal Automobile Program
Project Name/Number: Clarification of Advanced Quote Discount/08-254

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 12/04/2008

Submitted Date 12/04/2008

Respond By Date

Dear William Bradford,

This will acknowledge receipt of the captioned filing. Please notify me via SERFF when the check should arrive at the Department.

Please feel free to contact me if you have questions.

Sincerely,

Alexa Grissom

Response Letter

Response Letter Status Submitted to State

Response Letter Date 12/04/2008

Submitted Date 12/04/2008

Dear Alexa Grissom,

Comments:

Response 1

Comments: The check was sent by overnight mail this morning.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

<i>SERFF Tracking Number:</i>	<i>TRGR-125918457</i>	<i>State:</i>	<i>Arkansas</i>
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William Bradford			

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Project Name/Number: *Clarification of Advanced Quote Discount/08-254*

Note To Reviewer

Created By:

William Bradford on 11/26/2008 09:05 AM

Subject:

Check Information

Comments:

The check will be submitted by overnight mail next week

<i>SERFF Tracking Number:</i>	<i>TRGR-125918457</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRGR-125918457 State: Arkansas

Filing Company: Republic Underwriters Insurance Company State Tracking Number: #7794631 \$25

Company Tracking Number: 08-254

TOI: 19.0 Personal Auto Sub-TOI: 19.0001 Private Passenger Auto (PPA)

Product Name: RoadMaster Personal Automobile Program

Project Name/Number: Clarification of Advanced Quote Discount/08-254

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Number:	Attachments
Filed	Advanced Quote Discount	G-15	Replacement	7794341	G-15.pdf
Filed	Repaginated Pages	G-16 to 20	Replacement	7794341	AR PA General Rules 1.1 .pdf

4. CLASSIFICATIONS, (cont.)

17. Policy Matrix Discount

The Policy Matrix Discount recognizes reduced loss potential and reduced expenses incurred for several factors.

a. Pay-in-Full (PIF) Payment Plan Type

To recognize the savings associated with certain payment plans, the following are included in the Vehicle Matrix Discount:

- (1) Insureds who select the 1-Pay or 2-Pay billing plans at the point of sale qualify.
- (2) This discount is not available midterm and may only be applied at the auto policy's inception or upon renewal.
- (3) Refer to Paragraph **A.1.** and **A.2.** in **Rule 22** for details on these payment options.

b. Companion Products

- (1) An insured who has a Personal Automobile insurance policy with Republic Underwriters Insurance Company and one or more of the following with any company in The Republic Group qualifies.

(a) Category One

Owner occupied homeowners policy (**HO 00 03** or **HO 00 06**)

(b) Category Two

- (i) Tenant occupied homeowners policy (**HO 00 04**)
- (ii) Dwelling policy (Owner or tenant occupied, **DP 00 01** or **DP 00 03**)

(c) Category Three

- (i) Farm and Ranch policy
- (ii) Personal Umbrella or other personal lines policy

(d) Category Four

Policies in two or more of the categories above. Multiple policies in the same category (such as two HO 00 03's) do **NOT** qualify.

2. Policies on secondary and seasonal dwellings do not qualify for this credit.

c. Advanced Quote

- (1) New business policies where the quote is initiated by the customer and uploaded to Republic systems by the agent seven or more days in advance of the policy effective date are eligible.
- (2) The named insured must have a prior insurance policy with no days lapse in coverage to qualify.
- (3) This discount will continue to apply at renewal.

- d. Refer to the Classification Factors section of this manual for the factor to apply.

5. MERIT RATING PLAN

The Merit Rating Plan is designed to provide appropriate rates for all drivers based on their driving record history. Drivers that are free from accidents and convictions pay lower premiums while those with driving incidents pay higher premiums. All automobiles are eligible for rating regarding this rule.

A. Experience Period

1. New Business: three years immediately preceding the application.
2. Renewal Business: three years immediately preceding the renewal effective date.

5. MERIT RATING PLAN, (cont.)**B. Administration**

Information necessary to assign the proper Merit Rating Plan assignments for new and renewal business will be determined by any one or a combination of the following:

1. Company's own records.
2. Motor Vehicle Records (MVRs).
3. CLUE reports.
4. Applications signed by the applicant and producer.

C. Assigning Merit Rating Plan Surcharges to Autos

1. The driving record of all drivers who customarily operate the autos being insured shall be used for the purpose of determining Merit Rating Plan surcharges. No surcharges are assigned for the convictions or at fault accidents of:
 - a. A driver demonstrated to be a named insured or a principal operator of an auto insured under a separate policy.
 - b. A driver specifically excluded under a named driver exclusion.

2. Assigning Drivers To Autos

Assign each driver to the same auto he or she has been assigned to in accordance with **Rule 4.C.** above.

D. Convictions Surcharges**1. Definition**

- a. The term conviction shall include a conviction upon a plea of guilty, or of nolo contendere; or the determination of guilt by a jury or by a court though no sentence has been imposed or, if imposed, has been suspended, including a forfeiture of bail or collateral deposited to secure appearance in court of the defendant, unless the forfeiture has been vacated; or a prayer for judgment continued.
- b. If the conviction date is not available, the date the violation occurred shall be considered as a conviction.

2. Major Convictions

- a. A driver with major convictions will be assessed a surcharge on the vehicle to which he/she is assigned. The surcharge varies based on the number of major convictions and the months since latest incident (defined as the number of months between the date of the most recent chargeable conviction and the effective date of the policy).
- b. If an occurrence results in both a chargeable at-fault accident and a major violation, only the Major violation will incur a surcharge. The at-fault accident will not be surcharged in this case.
- c. Major convictions are as follows:

Alcohol/Drug Violation	Careless/Reckless/Imprudent Driving
Criminal Negligence Injury/Fatality	Driving w/ Altered or Stolen License
Driving while Intoxicated/Impaired (see note 1)	Evading Arrest
Failure to obey Police Officer	Failure to Stop & Render Aid
False Statement to Insurance	Felony Involving Vehicle
Giving False Report	Gross Criminal Negligence
Hit & Run	Leaving Scene of Accident
License Suspended, Cancelled, or Revoked	Passing Stopped School Bus
Permit Unlicensed Driver to Drive or No License in Effect (see note 2)	Probation/Conditional License

5. MERIT RATING PLAN, (cont.)

Racing	Transport Hazardous Substance
Unsafe Driving	Vehicular Homicide/Manslaughter/Assault

Table 5.D.2.b., List of Major Convictions

- (1) Operating a motor vehicle while intoxicated/impaired includes under the influence of intoxicants, alcohol or drugs; open container or bottle, implied consent, refusal to submit to chemical test, and refusal to submit to breath test.
- (2) no surcharge will be charged for a conviction of failure to have a motorcycle operator's endorsement provided the operator has an otherwise valid driver's or operator's license.

d. Factors

Refer to the Merit Rating Plan Factors section of this manual for the factor to apply.

3. Minor Conviction Surcharge

- a. A driver with minor convictions will be assessed a surcharge on the vehicle to which he/she is assigned. The surcharge varies based on the number of minor convictions and the months since latest incident (defined as the number of months between the date of the most recent chargeable conviction and the effective date of the policy).
- b. If an occurrence results in both a chargeable at-fault accident and a minor violation, only the at-fault accident will incur a surcharge. The minor violation will not be surcharged in this case. If the at-fault accident is not chargeable, then the minor violation will be surcharged.

c. Definition

A minor conviction is a conviction of any other type of moving traffic violation not listed under **Rule 5.D.2. Major Convictions**. This includes but is not limited to the following:

Disobey Emergency Vehicle	Disobey Traffic Control Device
Driving below minimum Speed Limit	Driving on Shoulder/Where Prohibited
Driving on wrong side of road/Wrong Way	Driving too Fast for Conditions
Failure to Control Vehicle	Failure to Dim Lights
Failure to Observe Safety Zone	Failure to Signal Direction
Failure to stay in own lane	Failure to Surrender License
Failure to use Child Restraint	Failure to Use Due Care
Failure to Yield/Stop	Following Too Closely
Illegal Passing	Improper Backing
Improper Lane Change	Improper Parking
Improper Turn	Improper Use of Vehicle
No Seat Belt	Obstructed Vision/Hearing
Obstructing Traffic	Operating Vehicle w/o License or Permit
Prohibited U Turn	Ran off Road
Ran Stop Sign/Red Light	Speeding
Vehicle Unsafe Condition	

Table 5.D.3.b, List on Minor Violations**c. Factors**

Refer to the Merit Rating Plan Factors section of this manual for the factor to apply.

5. MERIT RATING PLAN, (cont.)

E. Accidents

1. Accidents noted on an application or MVR are deemed to be at-fault unless proof is provided to verify that the insured was not-at-fault. Accidents shown on a CLUE report are deemed at-fault if payments were made under the liability coverages. Accidents that occur while insured with the company will have fault determined by the company's evaluation of the claim.
2. Accidents that are considered to be not-at-fault include but are not limited to the following:
 - a. The accident was caused by collision with a bird or animal.
 - b. Auto lawfully parked (if the parked vehicle rolls from the parked position then any such accident is charged to the person who parked the auto); or
 - c. The automobile was struck in the rear by another vehicle and the driver of the automobile, which was struck in the rear, was not convicted of a moving violation in association with the accident.
 - d. The automobile was struck by a "hit-and-run" driver and the accident was properly reported to authorities with 24 hours.
 - e. The driver of the automobile was not convicted of a moving violation in connection with the accident, but the driver of another vehicle involved in the accident was convicted of a moving traffic violation.
 - f. Accidents involving physical damage, limited to and caused by flying gravel, missiles, or falling objects.
 - g. Accidents occurring when using an auto, regardless of ownership, in performance of duty if the operator of the auto at the time of the accident was a paid volunteer peace officer, firefighter, operator of emergency vehicles, or member of any law enforcement agency. This exception does not include an accident occurring after the auto ceases to be used in the performance of duty.
 - h. The applicant, owner or other resident operator reimbursed by, or on behalf of, a person who is responsible for the accident or has judgment against such person; or
3. A driver with an at-fault accident where insurance company payments to all payees exceeds \$1,000 will be assessed a surcharge on the vehicle to which he/she is assigned. The surcharge varies based on the number of at-fault accidents and the months since latest incident (defined as the number of months between the date of the most recent chargeable accident and the effective date of the policy).
4. Accidents determined to be not-at-fault will be considered as an Other Incident for the purpose of merit rating.

5. Factors

Refer to the Merit Rating Plan Factors section of this manual for the factor to apply.

F. First Accident Forgiveness

1. For policies that meet all of the following criteria, the first at-fault accident where insurance company payments to all payees exceeds \$1,000 will have the surcharge waived:
 - a. The policy has been written with the company for at least 3 years of continuous insurance.
 - b. The most recent policy renewal has the Policy Accident Free Discount 5-year level applied. Refer to **Rule 4.E.16** for the Policy Accident Free Discount qualifications.
 - c. There are no other at-fault accidents currently being forgiven from prior application of First Accident Forgiveness associated with any driver assigned to the policy in the prior 5 years.
 - d. The driver that has the at-fault accident must be age 21 or older.
2. First Accident Forgiveness does not apply to **Rule 4.E.16.**, the Policy Accident Free Discount. It will be removed from the policy at renewal following an at-fault accident.

G. Refund of Surcharged Premium

If a surcharge has been assigned for a conviction, accident, or other incident, and it is later determined:

5. MERIT RATING PLAN, (cont.)

1. That the accident falls under one of the exceptions in this rule; or
 2. That the conviction was overturned; or
 3. The charge was inappropriately applied for any other reason;
- the company shall refund to the insured the increased portion of the premium generated by the surcharge.

6. MODEL YEAR WHEN USED IN RATING COVERAGES

- A. The model year of the auto is the year assigned by the auto manufacturer.
- B. Rebuilt or Structurally Altered Autos – the model year of the chassis determines the model year of the auto.

7. MINIMUM PREMIUM RULE

- A. A minimum annual premium charge shall be made for each policy, certificate, declaration or binder covering one or more of the following perils:
 1. Comprehensive,
 2. Collision,
 3. Bodily Injury Liability, or
 4. Property Damage Liability.
- B. Premium for other coverages which may also be included in the policy shall be in addition to the minimum annual premium.
- C. The minimum annual premium charge is not subject to reduction except – in the event of cancellation or short term policy, the minimum annual premium charge shall be adjusted on a pro rata basis, as the conditions require.
- D. The minimum policy premium is \$100.

8. POLICY PERIOD

- A. No policy may be written for a period longer than 12 months.
- B. For twelve month policies, charge the annual premium. Policy terms of less than twelve months are not available unless written as a short term policy under C. below.
- C. Short Term Policies
Policies written for less than 12 months shall be written on a pro rata basis in accordance with the Pro Rata Table in the Cancellation rule.

9. CHANGES

- A. All changes requiring premium adjustments shall be computed pro rata.
- B. If an auto or a form of coverage that was cancelled from a policy at the request of the insured is reinstated within 30 days, the premium shall be the same as the amount that was returned at the time of cancellation.
- C. Minimal Premium Adjustments
All premium shall be returned.
- D. If the limits of liability are increased because of a change in the limits prescribed under any financial responsibility law, the additional premium charge shall be the actual difference in premium charges.

10. CANCELLATION

A. If a policy, vehicle or form of coverage is cancelled, compute the return premium pro rata.

B. Instructions for Use of **PRO RATA TABLES**

- Express the date of cancellation by year and decimal part of a year by combining the calendar year with the decimal appearing opposite the month and day in the Pro Rata Table, e.g. March 7, 1976 is designated as 1976.181.
- In like manner, express the effective date of the policy by year and decimal part of a year and subtract from the cancellation date.

Example:	
Cancellation date May 19, 1976.....	1976.381
Effective date March 2, 1976.....	1976.167
	.214

Table 10.B.3., Cancellation Example

Earned premium for a 1 Year Term Policy will therefore be .214 times the annual premium.

Note: As it is not customary to charge for the extra day (February 29th) which occurs one year in every four years this table shall also be used for each such year.

PRO RATA TABLE

January			February			March			April			May			June		
Day	Day		Day	Day		Day	Day		Day	Day		Day	Day		Day	Day	
of	of		of	of		of	of		of	of		of	of		of	of	
Month	Year	Ratio	Month	Year	Ratio	Month	Year	Ratio	Month	Year	Ratio	Month	Year	Ratio	Month	Year	Ratio
1	1	.003	1	32	.088	1	60	.164	1	91	.249	1	121	.332	1	152	.416
2	2	.005	2	33	.090	2	61	.167	2	92	.252	2	122	.334	2	153	.419
3	3	.008	3	34	.093	3	62	.170	3	93	.255	3	123	.337	3	154	.422
4	4	.011	4	35	.096	4	63	.173	4	94	.258	4	124	.340	4	155	.425
5	5	.014	5	36	.099	5	64	.175	5	95	.260	5	125	.342	5	156	.427
6	6	.016	6	37	.101	6	65	.178	6	96	.263	6	126	.345	6	157	.430
7	7	.019	7	38	.104	7	66	.181	7	97	.266	7	127	.348	7	158	.433
8	8	.022	8	39	.107	8	67	.184	8	98	.268	8	128	.351	8	159	.436
9	9	.025	9	40	.110	9	68	.186	9	99	.271	9	129	.353	9	160	.438
10	10	.027	10	41	.112	10	69	.189	10	100	.274	10	130	.356	10	161	.441
11	11	.030	11	42	.115	11	70	.192	11	101	.277	11	131	.359	11	162	.444
12	12	.033	12	43	.118	12	71	.195	12	102	.279	12	132	.362	12	163	.447
13	13	.036	13	44	.121	13	72	.197	13	103	.282	13	133	.364	13	164	.449
14	14	.038	14	45	.123	14	73	.200	14	104	.285	14	134	.367	14	165	.452
15	15	.041	15	46	.126	15	74	.203	15	105	.288	15	135	.370	15	166	.455
16	16	.044	16	47	.129	16	75	.205	16	106	.290	16	136	.373	16	167	.458
17	17	.047	17	48	.132	17	76	.208	17	107	.293	17	137	.375	17	168	.460
18	18	.049	18	49	.134	18	77	.211	18	108	.296	18	138	.378	18	169	.463
19	19	.052	19	50	.137	19	78	.214	19	109	.299	19	139	.381	19	170	.466
20	20	.055	20	51	.140	20	79	.216	20	110	.301	20	140	.384	20	171	.468
21	21	.058	21	52	.142	21	80	.219	21	111	.304	21	141	.386	21	172	.471
22	22	.060	22	53	.145	22	81	.222	22	112	.307	22	142	.389	22	173	.474
23	23	.063	23	54	.148	23	82	.225	23	113	.310	23	143	.392	23	174	.477
24	24	.066	24	55	.151	24	83	.227	24	114	.312	24	144	.395	24	175	.479
25	25	.068	25	56	.153	25	84	.230	25	115	.315	25	145	.397	25	176	.482
26	26	.071	26	57	.156	26	85	.233	26	116	.318	26	146	.400	26	177	.485
27	27	.074	27	58	.159	27	86	.236	27	117	.321	27	147	.403	27	178	.488
28	28	.077	28	59	.162	28	87	.238	28	118	.323	28	148	.405	28	179	.490
29	29	.079				29	88	.241	29	119	.326	29	149	.408	29	180	.493
30	30	.082				30	89	.244	30	120	.329	30	150	.411	30	181	.496
31	31	.085				31	90	.247				31	151	.414			

Table 10.#1., Pro-Rata Table January through June

<i>SERFF Tracking Number:</i>	<i>TRGR-125918457</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Republic Underwriters Insurance Company</i>	<i>State Tracking Number:</i>	<i>#7794631 \$25</i>
<i>Company Tracking Number:</i>	<i>08-254</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>RoadMaster Personal Automobile Program</i>		
<i>Project Name/Number:</i>	<i>Clarification of Advanced Quote Discount/08-254</i>		

Supporting Document Schedules

Satisfied -Name:	A-1 Private Passenger Auto Abstract	Review Status: Filed	12/09/2008
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Comments:

No changes since initial submission

Attachment:

FORM A-1 Private passenger automobile abstract.pdf

Bypassed -Name:	APCS-Auto Premium Comparison Survey	Review Status: Filed	12/09/2008
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Bypass Reason: This does not affect rates. The APCS from the initial filing has not changed.

Comments:

Satisfied -Name:	NAIC loss cost data entry document	Review Status: Filed	12/09/2008
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Comments:

The only change from the initial submission is the filing number.

Attachments:

FORM RF-1 Rate Filing Abstract.pdf

FORM RF-1 Rate Filing Abstract.pdf

Bypassed -Name:	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Review Status: Filed	12/09/2008
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Bypass Reason: Does not apply

Comments:

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Filed	12/09/2008
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Comments:

Attachment:

<i>SERFF Tracking Number:</i>	<i>TRGR-125918457</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Republic Underwriters Insurance Company</i>	<i>State Tracking Number:</i>	<i>#7794631 \$25</i>
<i>Company Tracking Number:</i>	<i>08-254</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>RoadMaster Personal Automobile Program</i>		
<i>Project Name/Number:</i>	<i>Clarification of Advanced Quote Discount/08-254</i>		

AR Trans.pdf

ARKANSAS INSURANCE DEPARTMENT

FORM A-1
Rev. 4/98

PRIVATE PASSENGER AUTOMOBILE ABSTRACT

Instructions: All questions must be answered. If the answer is "none" or "Not applicable", so state. If all questions are not answered, the filing will not be accepted for review by the Department. Use a separate abstract for each company if filing for a group. Subsequent homeowners rate/rule submission that do not alter the information contained herein need not include this form.

Company Name **Republic Underwriters Insurance Company**

NAIC No. **24538**

Group No. **3489**

1. Are there any areas in the State of Arkansas in which your company will not write automobile insurance?
No

2. Do you furnish a market for young drivers? **yes**
Over age 65 drivers? **yes**

3. Do you require collateral business to support a youthful driver risk? **no**

4. Do you insure driver with an international or foreign driver's license? **yes**

5. Specify the percentage you allow in credit or discounts for the following:

- | | | |
|----|-------------------------|------------------|
| a. | Driver Over 55 | 10% |
| b. | Good Student Discount | up to 17% |
| c. | Multi-car Discount | up to 20% |
| d. | Accident Free Discount* | 3 - 15% |

*Please Specify Qualification for Discount **All drivers on the policy must have no at-fault accidents or major violations in the past 3 years. Larger discounts are available if criteria are met for the past 4-5 years.**

- | | | |
|----|---|------------------|
| e. | Anti-theft Discount | 2 - 5% |
| f. | Other (specify) | |
| | Hybrid Auto Discount | up to 10% |
| | New Vehicle Discount | up to 15% |
| | Passive Restraints Discount | 2 - 10% |
| | Corporate Car Discount | 15% |
| | Policy Discount (Advanced Quote, Pay-In-Full, and/or Multi-Policy) | 2 - 22% |
| | Youthful Driver Training Discount | up to 3% |
| | Youthful Distant Student Discount | up to 20% |
| | College Graduate Scholastic Achievement Discount | 5% |

6. Do you have an installment payment plan for automobile insurance? **yes**
If so, what is the fee for installment payments? **\$3-\$5 for mail-in payments, no fee for EFT**

7. Does your company utilize a tiered rating plan? **Yes** If so, list the programs and percentage difference. State the current volume for each program.

Please see initial filing. This program is not yet in effect.

THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature

Senior Products Filing Specialist

Title

(972) 788-6617

Telephone Number

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	08-238
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2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	N/A
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	Company Name		Company NAIC Number
3.	A. Republic Underwriters Insurance Company	B.	24538

	Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A. Personal Auto	B.	Private Passenger Auto

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
TOTAL OVERALL EFFECT	N/A	N/A					

6.

5 Year History

Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
N/A							

7.

Expense Constants	Selected Provisions
A. Total Production Expense	21.3 / 21.3%
B. General Expense	8.7 / 8.7%
C. Taxes, License & Fees	3.2% / 3.2%
D. Underwriting Profit & Contingencies	6.9% / 4.0%
E. Other (explain)	
F. TOTAL	40.1 / 37.2%

8. N Apply Lost Cost Factors to Future filings? (Y or N)

9. N/A Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. N/A Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This filing transmittal is part of Company Tracking #	08-254
----	---	--------

2.	If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number	N/A
----	---	-----

	Company Name		Company NAIC Number
3.	A. Republic Underwriters Insurance Company	B.	24538

	Product Coding Matrix Line of Business (i.e., Type of Insurance)		Product Coding Matrix Line of Insurance (i.e., Sub-type of Insurance)
4.	A. Personal Auto	B.	Private Passenger Auto

5.

(A) COVERAGE (See Instructions)	(B) Indicated % Rate Level Change	(C) Requested % Rate Level Change	FOR LOSS COSTS ONLY				
			(D) Expected Loss Ratio	(E) Loss Cost Modification Factor	(F) Selected Loss Cost Multiplier	(G) Expense Constant (If Applicable)	(H) Co. Current Loss Cost Multiplier
TOTAL OVERALL EFFECT	N/A	N/A					

6.

5 Year History

Rate Change History

Year	Policy Count	% of Change	Effective Date	State Earned Premium (000)	Incurred Losses (000)	State Loss Ratio	Countrywide Loss Ratio
N/A							

7.

Expense Constants	Selected Provisions
A. Total Production Expense	21.3 / 21.3%
B. General Expense	8.7 / 8.7%
C. Taxes, License & Fees	3.2% / 3.2%
D. Underwriting Profit & Contingencies	6.9% / 4.0%
E. Other (explain)	
F. TOTAL	40.1 / 37.2%

8. N Apply Lost Cost Factors to Future filings? (Y or N)

9. N/A Estimated Maximum Rate Increase for any Insured (%). Territory (if applicable): _____

10. N/A Estimated Maximum Rate Decrease for any Insured (%) Territory (if applicable): _____

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="height: 400px;"></div>	
Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
------------	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	